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ERICHSEN ON INJURIES TO NERVOUS SYSTEM, 16 PAGES.

CLINICS.

CLINICAL LECTURE.

Lecture on the Rational Treatment of Deformities. By RICHARD BARWELL, F. R.C.S., Assist. Surg. Charing-cross Hospital.

No especial name was attached to that branch of Surgery which professes to make the crooked straight until 1741, when Andry published his work on the subject, and conferred upon it the barbarous title of "Orthopédie." With him deviation from normal form is the one defect, restoration of shape the sole object of his treatment. He says of bent limbs and spines, "The same means must be taken to straighten them as are adopted for straightening the crooked stem of a young tree"—viz fastening it to a straight piece of wood—and he recommends for deformed feet "splints of strong cardboard or of wood, or little plates of iron." Strange as it may seem, this same method, with a few modifications, hardly improvements, is still enforced by the professors of the speciality so barbarously named. The straight piece of wood and the little metal splint are constantly in use, and when, as in their very nature they must, these fail, free—extremely free—use of the knife is added. Nor is it astonishing that orthopædism should still adhere to its pristine rudeness, seeing that it preserves the same faulty basis—viz., that deviations of form only are to be treated.

Now the truth is, that since deformity consists of two parts—loss of form and loss of power—any theory of treatment which should ignore the one or the other must be false, and especially must any practice be

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faulty which would cause a limb abnormally powerless to be further lamed by cutting its tendons and condemning it to enforced rest. Although by such treatment we may occasionally find a limb squeezed for a time into some approach to form, yet it is, as a rule, so powerless that irons have to be constantly worn: it is in a more hopeless condition for rational treatment than it was before, and very often the deformity is reproduced or an opposite one developed.

We must first show that the theory of tendon-cutting and of spasmodic contraction of certain muscles is false. The necessary condition of active muscular contraction is alternation with relaxation, and the more violent the contraction the more rapid must be this change from the one state to the other, or death is the result. Thus it never does, and never can happen, that an active muscular contraction, be it convulsive or otherwise, is sufficiently violent, and at the same time sufficiently continuous, to result in a distortion. The most terrible convulsive diseases attended with the most powerful and the most lasting spasms are never sufficient to produce a distortion. Let it be here distinctly understood that by the word distortion I expressly mean to exclude cases of mere malposture—cases in which either by the will of the individual, by misapplied mechanisms, or by other means, a limb, having been kept too long in a certain position, refuses to entirely abrogate the posture. Thus cases of excessive splintage, of fixed position from joint disease, of extended foot (simulating equinus) from retraction of the hip or knee, of squinting from hypermetropic condition of the eye, are all excluded from the category of distortions properly so called, and fall into the genus malpostures.[1]

The distinction between the two conditions is this: In malpostures there is nothing morbid in the position itself; its fixity only is abnormal. A distortion, on the other hand, is a position of parts either entirely abnormal or exaggerating beyond all natural limits some natural posture. Thus a certain amount of flexion of the tarsus is normal; its exaggeration far beyond the natural amount constitutes *pes equinus*. A little rotation inwards and adduction of the front of the foot is natural to the young infant; a considerable increase of that position is *pes varus*, and so on. The slightest knowledge of dynamic anatomy will clearly show to the unbiassed mind how impossible it is that any muscle should, while its opposers remain active, keep up so constant, so violent a strain upon a limb as to produce such gross and persistent exaggerations as either equinus or varus. And here I must be allowed to point out a strange fact: it seems never to have occurred to the admirers of the remarkable doctrine of continuous spasmodic action that a muscle in such a state would, if its tendon were cut, drag the ends asunder like a taut cable parting in a gale of wind, and there would never be any possibility of bringing them together any more. Indeed, the absence of such phenomenon is surely sufficient proof that there is no convulsive retraction. But it is extremely noteworthy that the very individuals who insist on this supposed condition direct, in the description of tenotomy, that the limb should be forcibly dragged in the opposite direction in order to make the tendon tight enough to be cut.

On the other hand, distortion following upon paralysis is of daily occurrence, and takes place before our eyes. There are two ordinary modes of production which scarcely vary: One, that the patient, when between 1 and 4 years old, was put to bed quite well, the next morning had lost the use of one or more limbs, that the power in certain directions gradually returned, but with it distortion was developed. The other history relates that loss of power came on slowly, that it was much more observable in certain directions than in others, and that at a certain period deformity also commenced and kept even pace with the paralysis.[1] These metamorphoses—*i. e.*, the very distortions themselves—are produced by a condition of muscular tissue which is utterly ignored by orthopædism—viz., tonic contraction. The set of muscles which still remain healthy draw the limb over from the side of the disease, not by virtue of any active and temporary contraction, be it natural, convulsive, or spastic,[2] but

[1] Dislocations from joint disease are, as will be seen by our definition, distortions, but these occur only after alteration in the joint surface, and then as a sudden event.

[1] Both these conditions may commence, although more rarely, in middle life.

[2] The term convulsive was applied to these cases by the French tenotomist, M. Guérin. The word spastic was invented by that able physician, Dr. Little.

simply by its constant, never-ceasing tension on the limb, produced by elastic or tonic contraction of the muscles unantagonized by the same force on the other side. The primary malady lies, then, on the side *from* which the distortion is directed. The pathology is perfectly analogous to distortions produced by morbid muscular conditions of the face. When, for instance, a surgeon finds the face down on one side, he diagnoses paralysis of the side *from* which the features are drawn, and (unless there were suspicion of malingering) would never think of assuming that the displacement of feature was produced by an active or "spastic" contraction of the muscles towards which the parts incline. Indeed, so well known, as far as the face is concerned, is this pathological fact, that the surgeon who would treat the side towards which the features are displaced, would justly be thought very ignorant of pathology.

Although, as we have just seen, distortion, properly so called, cannot be produced by fixity of position alone, yet when that circumstance is combined with rapidity of growth, the two together may cause a slighter form of distortion. The fixity of posture, be it from improper swaddling, from long-continued splintage, from some neglect, etc., is in its results upon the opposite muscles precisely similar to paralysis. The muscles on one side are restrained from action, wherefore those on the other side harden themselves to the position maintained, and when the restraint is removed they will not yield the length required to allow action on the other side. This state is simply one of assumed or enforced posture; but if with those conditions rapid growth be combined, the muscles of one side will increase in length, and the other will remain stationary; the limb may thus be dragged completely aside, and thus an absolute change of shape—a true distortion—be produced.

These, then, are the causes of clubfoot whenever we can trace them, and we have no right whatever to assume that when we cannot follow its production—viz. in utero—the same distortion should be due to diametrically opposite causes. As in infant, so also in fœtal life, can we find no possible evidence of such a pathological condition as persistent spasm or "spastic" contraction. It may be that posture is somewhat more frequently productive of congenital than of non-congenital varus, simply because growth is then so much more rapid. We must, however, consider that such deficiency of the liquor amnii as would allow the fœtal limbs to rest against the uterine walls is incompatible with continued gestation; hence a limb, to be distorted by enforced posture, must press against some other part of the fœtal body. Occasionally, though very rarely, this may occur, and the popular idea of its prevalence is chiefly due to a plate of Cruveilhier[1] representing a sentimental fœtus leaning his pensive chin upon his turned-in toes. But distortions perfectly identical, as Wernher has observed, are found[2] in the very young fœtus whose small limbs cannot reach the chin—indeed in the acephalous with no chin—and thus it is impossible to assign cases so similar, so nearly identical, to so varying a cause as position in utero.

We thus come back to the only condition which can possibly give rise to clubfoot—viz., want of power on the side from which the limb is drawn; but while, in viable life, paralysis, partial or entire, is, save in a few very exceptional cases, the cause of such want of power, other and probably more frequent conditions produce that condition in the fœtus. Professor Weber has clearly shown, in his well-known paper[3] on the development of muscles, that all the muscles of animal life are formed as appendages of the nerves and nervous centres commanding them. Now, although the course of formation of these parts is normally regular, yet sometimes disorder prevails; and, with the light thus shed on the subject, it is easy to see how, in the development of a nervous motor centre, delay of a few days behind another knot of gray matter, which ought to be formed simultaneously, will, indeed must, produce distortion. The same guide will now enable us to understand why congenital absence of nervous matter is accompanied by paralysis, therefore by clubfoot. Such developmental deficiency can have, however, no possible connection with spasm, as the worshippers of the tenotome have tried to show.

So baseless, then, is the theory of tendon-cutting; now let us examine its practice. There is one tendon in the foot, the tendo

[1] "Anatomie Pathologique."
[2] Wernher, "Handbuch der Chirurgie," vol. iii. p. 660.
[3] Müller's Archiv, 1851, p. 547.

Achillis, lying isolated, and merely surrounded by loose tissues, whose section is always followed by reunion with comparatively slight impairment of function; all the others are utterly destroyed every time they are cut, or a certain proportion of the cases.[1]

Thus the anterior tibial remains ununited once out of three times, the posterior tibial and flexor longus digitorum become either united to the bone or to the sheath, or are not united at all—in either way so as utterly to destroy the action of the muscle on the foot—in every case of its section. We have no record concerning the behaviour of the peronei tendons under these circumstances; but as they are placed precisely similar to the two last named, there is no reason to suppose that their destruction on section could be avoided.

Thus, on reviewing the whole prevalent treatment of clubfoot by the cutting of tendons, we cannot but come to the inevitable conclusion that its theory is false and its practice injurious.—*Med. Times and Gaz.*, Nov. 17, 1866.

HOSPITAL NOTES AND GLEANINGS.

Case of Trephining the Spine; Death from Pyæmia; Clinical Remarks.—The following case is one of very great surgical interest. The question of the advisability of trephining the spine after injuries—an operation recently advocated by Dr. Brown-Séquard—was largely discussed at a recent meeting of the Medical and Chirurgical Society after the reading of a paper by Mr. Berkeley Hill. (See *American Journal of Medical Sciences*, April, 1867, p. 538.) For the following report we are indebted to Mr. Tracey:—

J. J., aged 28, while somewhat tipsy, fell off a cart upon his right buttock, and was unable to stand or move his lower extremities from that moment. The case was first seen by Mr. Maunder on August 31, three days after the occurrence of the accident, when the patient exhibited more or less loss of sensation below the level of the nipples, and loss of muscular power in the trunk and lower extremities, with constipation and retention of urine. The right buttock was bruised and excoriated, as also was the integument over the angles of the right mid-dorsal region. On examining the spine, the spinous process of the seventh cervical vertebra appeared to be most unusually prominent, and the attempt to move this (though no mobility was appreciable) gave pain in the region, and also along the back of the patient's right arm. The patient stated that this prominence had existed a long time, and had been caused by carrying bags of sand upon his neck. Respiration was performed chiefly by the diaphragm. The patient was placed upon a water-bed, and beyond attention to his bladder and to the bruise on the buttock, which was gradually converted into a sore, little in the shape of treatment was requisite; but the symptoms gradually changed—incontinence of feces and urine supervened, and the loss of sensation as high as the nipples became complete. He grew weak.

On September 18 he was the subject of a severe cough, accompanied by difficult and copious expiration. He breathed more easily when lying over somewhat on his left side. The urine was highly ammoniacal and loaded with muco-pus. Dr. Davies was consulted as to the condition of the chest, and advised mist. oleosa and brandy. Pulse intermittent.

19th.—After consultation with Dr. Ramskill and Mr. Little, Mr. Maunder determined to cut down upon the seat of and explore the injury. Insensibility and loss of volition existed as high as the nipple; the skin over the upper part of the right scapula and along the back of the right arm as far as the elbow was tender on pressure, and an attempt to move the spine of the seventh cervical vertebra caused pain also. Irritating the feet caused reflex action. In continence of feces and of urine as before. The grasp of the right hand was weaker than that of the left, which was strong.

At the operation Mr. Maunder said he was induced to interfere surgically for certain reasons—the physical condition of the spine led him to think that the seventh cervical vertebra, in part or entirely, had been displaced backwards and a little upwards, thus compressing the cord between its body and the laminæ of the first dorsal. He thought that the cord had not been crushed beyond repair at the time of the accident, because there was not from the first a total loss of sensation, but this had gradually become

[1] In my work, "On the Cure of Clubfoot without Cutting Tendons," I gave tables proving these facts; here results only will be mentioned.

complete by reason of the continued pressure causing loss of temporary function. The operation which he proposed to perform did not, he thought, in itself entail great risk to life, and was justified by the urgency of the symptoms.

Operation.—The patient being on his face and under the influence of chloroform (which he bore well), an incision about three inches in length in the mesian line exposed the spines of the first and second dorsal vertebræ, and the knife kept close to these readily allowed the muscles to be separated, so as to expose the laminæ also. The muscles were ecchymosed to some extent. Free bleeding occurred, but no ligature was requisite. The spines of these vertebræ were now cut off at their bases, and the corresponding laminæ were removed by the trephine and bone forceps. The bleeding having ceased, the sheath of the cord was seen at the bottom of the wound, but nothing abnormal could be either seen or felt in it. On comparing the interval between the sheath of the cord opposite the laminæ of the third dorsal vertebra, and between it and the laminæ of the last cervical, the space was decidedly greater in the former than in the latter region; but this difference was not sufficient to induce the operator to remove the laminæ of the seventh cervical. The wound was dressed with water-dressing, and the patient returned to bed. Half a grain of extract of belladonna was ordered thrice daily.

For some few hours after the operation the patient vomited, and, when he had recovered from this, said his legs felt warmer than before the operation. Pain in the arm persisted for two or three days. Cough diminished greatly. On the fourth day subsequent to the operation he was ordered one-twelfth of a grain of strychnine thrice daily, and in a day or two reflex action was more readily excited in the lower extremities. On the 29th the cough again became very distressing, and he expired suddenly on October 2.

At a post-mortem conducted by Dr. Sutton, the medulla spinalis was found more or less pulped opposite the lower border of the seventh cervical vertebra, and this, too, was displaced slightly forward, and its right transverse process was broken. There was not the least trace of inflammatory action in or about the cord and its membranes, but there was ample evidence of pyæmia in the great viscera. The bladder was quite healthy, a condition which Mr. Maunder believed to be due to the attention bestowed upon that viscus by Mr Salt, one of the dressers. Mr. Maunder suggested that the first attack of cough (before the operation) was also due to the blood-poisoning originating in the bed-sore.—*Med. Times and Gaz.*, Feb. 23, 1867.

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Treatment of Cancer by the Injection of Acetic Acid—(Under the care of C. H. Moore).—Injections of acetic acid continue to be employed in several cases in the cancer wards of the Middlesex Hospital. The condition of the patients at the commencement of this treatment is, we are told, usually such as to preclude the hope of complete relief by other means, as the acid is never used in any case of cancer which is adapted for the usual operation. The results of the injection treatment thus far confirm the statement that the acid produces a chemical solution of cancerous substance, and renders it capable of being absorbed. It is not always easy to decide what part of any changes occurring in cancerous tumours may be due to treatment, and what to the unhindered progress of the disease, but it appears that both sloughing and suppuration may result from employing too great a quantity of acid. The following report is the sequel to a case which we have already published in part (*Medical Times and Gazette*, October 21, 1866), and is given thus early because the treatment by means of the acid has been interrupted.

October 25. The discomfort attending the two operations had subsided, and the flow of saliva was farther diminished. Injections of diluted acetic acid were made into the floor of the mouth and into the diseased under-surface of the tongue, as well as into the outer gum. There was scarcely any pain when the diseased parts were injected, but the stinging appeared to be severe when the acid passed into the adjoining healthy tissues. To some extent, probably, the pain arising from the punctures and the injection within the jaw was obviated by previous division of the gustatory nerve.

November 1. He has improved in appearance and general condition. He sleeps sometimes three hours at a time. He still finds difficulty in swallowing, which is due, not to pain, but to the mechanical restric-

tion of the muscles of deglutition. The lymphatic glands beneath the jaw have increased in size, and the disease has extended back a little on the outer gum on the right side. The patient is under the impression that towards the left the disease of the outer gum has diminished. In the floor of the mouth there is a lessening of the bulk of the cancerous growth on the right side, but elsewhere it is as large as when he first came under observation. Mr. Moore injected two drachms of a solution of acetic acid with five parts of water into the glands beneath the jaw by punctures in the skin, through the mouth, in the right gum, and in the floor of the mouth. Nearly a quarter of it may have returned from the latter punctures as soon as it was thrown in. Though weaker than the solutions previously used, this injection gave a good deal of pain for a time, and broke his sleep a little in the night. The next day there was much more swelling beneath the jaw than was accounted for by the fluid which had been injected. Without being sloughy, the ulcerated edges and surfaces of the gum were finely shreddy, as if material had been dissolved out between the shreds.

12*th*. The patient left the hospital a week ago, and returned to show himself to-day. He expresses himself as decidedly more comfortable, the mouth being clean, swallowing less difficult, and pain diminished. Nevertheless, an abscess has formed and opened at the last puncture beneath the jaw, and a new tumour has grown at the right side of the tongue in such a position as to lie between the back of the upper and lower gums when the mouth is open. The sensation of the right side of the tongue is still absolutely annihilated, and thus doubtless spares him from much suffering. There is very little secretion of saliva. The sputa are chiefly the mucous and purulent discharges from the mouth. The mass in the outer gum is much softer, and perhaps less bulky. Considering the various materials making up the entire swellings at this date—œdema, pus, remnant of injected fluid, and cancerous substance—it appears that this last is not more abundant than when he first presented himself; but whilst the anterior part, which has been reached by the acid, is less, the deeper and distant portions of it have grown. Injections were made into the outer gum and the part of the tumour beneath the left side of the tongue.

18*th*. The abscess beneath the jaw has discharged freely, and is smaller. Nevertheless, the tongue is more raised by the growth beneath it (or by abscess or œdema above the mylohyoid), and he has had a good deal of pain on the left side of the tongue. The growth of the outer gum is larger. No injection was made to-day.

December 6. He has been kept at home by an attack of gout, which has not yet quite left him. A slough has come away from beneath the tongue, deepening the ulcer, and allowing the tongue to resume nearly its natural position and to move a little more freely. The swelling beneath the jaw is less, and separate cancerous glands can again be felt. The total growth outside the gums has considerably increased. It is clear that the injections have not been adequate to repress this disease, but that on the whole its progress has been retarded, and the suffering attending it diminished. This last result is partly due to the division of the nerve, the effects of which still continue in anæsthesia of the right side of the tongue and in lessened secretion of saliva.

17*th*. The mass of disease both within and without the jaw has increased. The tumour on the right side of the back of the tongue is also larger. It is still covered by healthy mucous membrane, and it is probably continuous through the substance of the tongue with the mass in the floor of the mouth. Beneath the jaw the parts are much smaller, and there is still a little discharge from the abscess in that situation. Though the tongue itself is not superficially diseased, its movements are much restricted by the growth in its substance, and particularly by pain about its base; deglutition is much impaired, and the patient is thin and pale. The reduction of the mass of disease beneath the jaw is greater than can be accounted for by the evacuation of the matter, and is probably due to the action of the acid; but further injections can be of service only by delaying the fatal increase of the disease, as they have already failed to overtake the growth within the mouth, and in the amount and extent to which they would now need to be carried with a view to a cure, they would probably occasion fatal swelling and suppuration about the base of the tongue. Such palliative injections are accordingly being made.

February 16, 1867. A copious hemorrhage

has greatly reduced this patient, and he appears likely to survive only a few days—*Ibid*

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Repeated Resection of the Knee-Joint.—Several cases have occurred in which delay in healing, and the evident occurrence of necrosis after resection, has rendered a second operation necessary. At *King's College Hospital*, under such circumstances, it is thought better to repeat the resection rather than to amputate the thigh. Sir William Fergusson has had three or four such cases, which have done well; and Mr. H. Smith had one in which the proceeding answered perfectly. On Saturday last Mr. Smith again adopted the plan in the case of a lad whose knee-joint he had excised in July last. The boy went on well at first, then fell back, and was sent into the country for a few months—not to much purpose, however, for sinuses about the wound persisted, and showed the presence of dead bone, and the boy's health was suffering from the prolonged irritation. On opening up the wound, firm anchylosis was found to a limited extent between the femur and tibia. Lying behind the former bone was a ragged sequestrum, an inch or two long, representing the intercondyloid space of the femur—that portion of bone which is so often exposed to necrosis. There was an abscess in the head of the tibia. Mr. Smith removed a thin section of this latter bone and a portion of femur, and brought the bones into apposition again just as in ordinary resection. When the sequestrum came to be examined, an old arterial ligature was found lying about it This must have been accidentally dropped into the wound in July last, at the time of operation, and there it had since rested Was it the presence of this piece of string which excited inflammation leading to the death of the shell of bone described?—*Lancet*, Feb. 16, 1867.

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Cancer of the Tongue.—We saw Mr. PAGET cut away about one-fourth of an old man's tongue on Saturday, in the operating theatre of *St. Bartholomew's*. The surgeon stood behind the patient, who was seated in a chair, and, grasping the organ with a vulsellum held in the left hand, he transfixed it with a knife and rapidly cut away the diseased portion. A few ounces only of blood—perhaps four or five—were lost ere the vessels were secured. The man had no chloroform. The diseased mass presented a deep ulcer with hardened base and prominent inverted edges, so characteristic of cancer. Mr. Paget remarked that the écraseur was not needed for removal of a moderate portion of the tongue; there was not more hemorrhage than could be easily dealt with in the ordinary way. We have seen of late in this hospital several cases in which the whole tongue has been removed for carcinoma, nothing but a slight stump composed of the root being left. Notwithstanding this mutilation, the articulation is singularly good, and, paradoxical as it appears, even lingual sounds are formed so as to be perfectly intelligible. In a case of Mr. Paget's, a man of fifty, who spoke to us on the third day after the operation, we remarked that even the word "the" was quite distinct. The patient used his lips for the utterance of the sound. So it was also in an old man whose tongue Mr. Callender had cut out by the écraseur, who could talk and eat with singularly little difficulty. —*Ibid.*

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Incontinence of Urine successfully treated by Extract of Belladonna.—A healthy looking country girl, fourteen years old, was brought by her mother to the *Metropolitan Free Hospital* on the 11th of January last. She had suffered from nocturnal incontinence of urine for the last two years. Not a night passed without her wetting the bed, and to such an extent that she had been compelled to lie upon straw covered with a sheet in order to change her bedding daily. She had been taken out of bed at night, scolded, and ridiculed without any effect in making her abandon the habit. Dr. Drysdale ordered her a quarter of a grain of extract of belladonna as a pill, to be taken at bedtime every night. On the 15th of January her mother came to say that she had not wetted her bed since taking the medicine. Up to the 18th of January there was no return of incontinence of urine. Dr. Drysdale remarked that he had in many cases seen similar results from the use of belladonna in this disease, and supposed that the drug acted by paralyzing the detrusor urinæ muscle.

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Local Anæsthesia.—Mr. GAY showed lately at the *Great Northern Hospital* an instrument, which had been made at his sug-

gestion by Messrs. Warner and Knight, for producing local anæsthesia by means of methylated spirit of higher specific gravity, and therefore less expensive, and dangerous than that ordinarily used. Its principle is this: The air, from a bellows worked by the foot, passes through two tubes. One of these is connected with the bottle of spirit by means of another to which it is jointed so as to produce a spray after the manner of the "scent spray producers" commonly sold in the shops. Whilst this is distributing the spirit over the part to be frozen, a current of air issuing from the other tube produces such rapid evaporation that freezing is almost instantaneous. Common methylated ether at two shillings per pint is employed.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Instruction in Philadelphia, during the Summer.—The facilities for pursuing medical studies in Philadelphia during the coming summer will be very ample.

In the *University of Pennsylvania*, courses of lectures will be given by the auxiliary Faculty of Medicine, during the months of April, May, and June, which will be free to all Students who have matriculated in the Medical Department, and have taken the tickets of two of the Medical Faculty.

The following constitute the Faculty: Harrison Allen, M. D., Prof. Zoology and Comparative Anatomy; Horatio C. Wood, M. D., Prof. of Botany; F. V. Hayden, M. D., Prof. of Mineralogy and Geology; Henry Hartshorne, M. D., Prof. of Hygiene; John J. Reese, M. D., Prof. of Med. Jurisp. including Toxicology.

A course of lectures on operative Surgery and Antomy will be delivered by Dr. D. Hayes Agnew, Demonstrator of Anatomy, and Assist. Lect. on Clinical Surgery, beginning April 1st.

Jefferson Medical College has likewise instituted a summer course, and the following lectures will be given: Clinical Surgery, by Prof. Gross; Clinic of Diseases of Women and Children, Prof. Wallace; Chemistry applied to Toxicology, Prof. Rand; Materia Medica and Therapeutics, Prof. Biddle; Clinical Medicine, Dr. Da Costa; Visceral and Surgical Anatomy, Dr. W. H. Pancoast; Operative and Minor Surgery, Dr. J. H Brinton; Ophthalmic and Aural Surgery, Dr. R. J. Levis; Venereal Diseases, Dr. F. F. Maury; Pathological Anatomy, Dr. W. W. Keen, Jr.

The *Pennsylvania Hospital* and the *Philadelphia Hospital* (Blockley), have opened their doors to Students free of expense for Clinical instruction. Clinical Instruction is also given at the Episcopal Hospital, the Children's Hospital, the City Lying-in Hospital, Howard Hospital, and Wills' Hospital. At the last named Hospital, Dr. A. D. Hall will give evening demonstrations with the ophthalmoscope, commencing April 3d at 8 o'clock P. M. and continued weekly until July. The method of instruction will be that pursued in the schools of Vienna and Edinburgh; and the latest German and French coloured plates of ophthalmoscopic appearances will be used in illustration. Fee for the course $10.

Among the other hospitals and dispensaries of the city accessible to Students may be named St. Joseph's Hospital, Charity, and Lying-in Hospital, Christ Church Hospital, German Hospital, St. Francis Hospital, Jews Hospital, Woman's Hospital, Philadelphia Dispensary, Southern Dispensary, and Northern Dispensary.

Mütter Lectures on Surgical Pathology.—A course of ten lectures on Fractures of the Lower Extremities will be delivered by Dr. J. H. Packard at the Hall of the College of Physicians, commencing Tuesday, April 2d, and continued every Friday and Tuesday evenings for five weeks.

The *Philadelphia, Summer School of Medicine*, 920 Chestnut St., conducted by Drs. Robt. Bolling, J. H. Hutchinson, H. Lenox Hodge, E. A. Smith, D. Murray Cheston, and Horace Williams, will give a regular course of examinations and lectures during April, May, June, and September, on Anatomy, Surgery, Chemistry, Physiology, Obstetrics, Materia Medica, and Practice of Medicine.

The Class rooms contain a cabinet o Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., and in

them students may study, practise bandaging, and conduct microscopical and chemical examinations.

Surgery—A course of lectures will be delivered by H. Lenox Hodge, M. D., on the history, causes, symptoms, pathology, and treatment of Surgical Diseases and Injuries, and upon the employment of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, Percussion, Auscultation, and the Thermometer in recognizing such disorders.

Percussion and Auscultation in Diseases of the Lungs and Heart will be taught by James H. Hutchinson, M. D., by Lectures, and by the Clinical Examination of patients.

Microscope—The structure of the Microscope, and the manner of using it, will be explained, and the Microscopical appearance of the tissues and fluids in health and disease will be exhibited.

Urinary Deposits and Tests—Students will be instructed in the microscopical and chemical examination of the urine, and will be enabled to make themselves familiar with its practical employment.

Clinical Instruction.—Pennsylvania Hospital—The advantage of attending the Lectures, Operations, and Clinical Examinations of patients at this important hospital will be secured without charge.

Episcopal Hospital—Drs. Hutchinson and Smith will take the class through its well-arranged wards, so that by the bedside disease may be readily recognized and its symptoms accurately studied.

Children's Hospital—Much of a physician's practice being among children, it is essential that their various disorders should be seen by the student. Drs. Hodge. Hutchinson, and Cheston will, during the session, have charge of the numerous outdoor and in door patients of this establishment, and will offer every facility to the class.

Dispensary for Diseases of the Heart and Lungs will be conducted by Dr. Hutchinson, in connection with his lectures.

Fee for the whole course, fifty dollars, or, any part may be taken separately.

Summer Course of Medicine.—Drs. George Pepper, William Pepper, Harrison Allen, and Edward Rhoads will begin their summer Course of Medical Instruction on April 1st, 1867. In addition to the regular series of examinations, this course is designed to meet an obvious need, by furnishing opportunities for becoming acquainted with those branches of Medical Science, which are necessarily somewhat neglected during the winter months.

The examinations which will be given in connection with the study of the authorized text books, will embrace the subjects of Anatomy, Chemistry, Physiology, Practice of Medicine, Surgery, Materia Medica, Obstetrics.

Medical Chemistry, with special reference to Urinary Pathology.

Dr. Rhoads will deliver a course of lectures upon this most important subject; including demonstrations of the healthy and morbid conditions of the fluids of the body with their tests and the methods of examining them.

Pathological Anatomy; General and Microscopical. Dr. Wm. Pepper will deliver a course of lectures upon this subject. The lectures will be fully illustrated with specimens from the valuable Pathological Museum of the Pennsylvania Hospital.

The examinations and lectures will be given during the months of April, May, June and September.

Abundant Clinical Instruction will be provided at the Pennsylvania and Blockley Hospitals, and during Dr. Rhoads's term of service at the latter Institution the members of the class will also be enabled to fully enjoy the unrivalled opportunities offered by its Wards.

The advantages of the Clinical Study of Diseases of Women, furnished by the Philadelphia Lying-in Charity, will also be secured without cost.

Fee, for the whole course, $50, or any part of it may be taken separately.

Lectures on Obstetrics.—Dr. F. H. Getchell will deliver a Course of Lectures on Practical Obstetrics, at the Lecture Room of the school of Anatomy, upper end of Chant Street, off Tenth, commencing on Tuesday, April 2d, at 3 o'clock P. M.

The plan of instruction will be to combine to the fullest extent clinical and didactic teaching. The members of the class will have assigned to them the large number of obstetric patients of Catharine Street Dispensary, being in this way brought to the bedside of the parturient woman at her residence; thus affording rare opportunities for obtaining knowledge so important to the

young practitioner. Fee for the course $15.

Dr. Getchell's course on Diseases of Women, at the Catharine Street Dispensary, will commence on Friday, April 5, at 11 o'clock A. M. The pathology and therapeutics of uterine disease will be fully discussed, and the members of the class will be present at the examination and treatment of the females presenting themselves at this Institution during the months of April, May, and June. Clinics Tuesdays and Fridays, from 11 to 12 o'clock. Fee for the course, $10.

Lectures on Microscopy, General and Morbid Anatomy.—Dr. James Tyson will begin a Course of Lectures on Microscopy, General and Morbid Anatomy, early in April, and continue two or more lectures a week.

The course will consist of twenty five lectures, and will embrace the principles of construction of the Microscope, the preparation of objects, the process of injecting, and the application of the Microscope to Clinical Medicine.

In connection with the course, the microscopic appearances of all the most important healthy and morbid tissues will be exhibited and described, and the principal theories of their development and growth explained.

That the members of the class may have an opportunity of applying the principles taught, an additional hour will be assigned each week for microscopic manipulations, during which they will be enabled to prepare specimens of the solid and fluid tissues of the body, study the effect of reagents, and familiarize themselves generally with practical microscopy, without which didactic details are of much less value. Fee—for the Lectures, $10. For Manipulation, $5.

Various other teachers will devote themselves to furnish instruction in *special branches*, but not having received their announcements we are unable to give further information.

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Births, Marriages, and Deaths in Philadelphia in the year 1866.—It appears from the official report that the number of *births* registered during the year was 17,437, an increase of 2,009 over the previous year. The male births numbered 9,196, an increase of 1,009 over 1865, and the female births were 8,241, an increase of 1 000.

The *stillbirths* numbered 798—444 males and 354 females.

The number of coloured births registered was 319, an increase of 39 over 1865. Of the whole number in 1866, 161 were males and 158 females.

The *marriages* registered during the year 1866 numbered 7087, an increase of 223 over the previous year.

The whole number of *interments* in the city during 1866 was 16,803, a decrease of 366 from 1865. Of the whole number, 15,872 were whites, 931 coloured; 8,851 were males, and 7,952 females; 4 235 were male adults, and 3,766 female adults; 4616 male children, and 4,186 female children.

Deaths from registered diseases, .	14 655
Deaths from stillborn, ...	798
Deaths from old age, ...	520
Deaths from unknown, external and accidental causes, ...	830
Total, ...	16,803

The net deaths in the city were 15,362.

The following table shows the number of births, marriages, and deaths in this city during the past six years:—

Year.	Births.	Marriages.	Deaths.
1861 . . .	17,271	4.417	14,468
1862 . . .	14,741	4 662	15 097
1863 . . .	15.293	5 474	15,788
1864 . . .	15,591	6,752	17,582
1865 . . .	15,428	6,864	17,169
1866 . . .	17,437	7.087	16,803
	95,761	35,256	96,907

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University of Pennsylvania, Medical Department.—The number of matriculants during the session 1866-7 was 464, and at the commencement held on the 14th March the degree of M. D. was conferred on one hundred and fifty-six candidates.

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Jefferson Medical College, Philadelphia. The number of Students in this school during the session of 1866-7 was 356, and at the commencement held on the 9th of March, the degree of M. D. was conferred on 150 candidates.

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Philadelphia College of Pharmacy.—At the forty sixth annual commencement of this school, held at the Academy of Music

on the evening of the 15th of March, the degree of Graduate in Pharmacy was conferred on forty two candidates.

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University of Maryland.—At the commencement of the Medical Department of this University on the 9th of March, the degree of M. D. was conferred on 75 candidates.

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St. Louis Medical College.—At the annual commencement held on the 1st of March, the degree of M. D. was conferred on 51 candidates.

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Missouri Medical College.—At the recent commencement of this Institution the degree of M. D. was conferred on 21 candidates.

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Rush Medical College (Chicago, Illinois).—At the annual commencement held on the 30th of Jan. last, the degree of M. D. was conferred on 72 candidates.

Moses Gunn, M. D., of the Medical Department of the University of Michigan, has been appointed to the chair of Surgery in the above school, made vacant by the death of Dr. Brainard.

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Medical Department of the University of Buffalo.—At the annual commencement held on the 26th Feb. last, the degree of M. D. was conferred on 40 candidates.

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Bellevue Hospital Medical College.—At the annual commencement, held February 28th, the degree of M. D. was conferred on 140 candidates.

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University of Nashville—Medical Department.—The number of matriculants during the session of 1866-7 was 192, and at its close the degree of M. D. was conferred on 56 candidates.

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Massachusetts Medical College—Medical Department of Harvard University.—Dr. James C. White has been appointed Adjunct Professor of Medical Chemistry in this school.

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Proposed Organization of a State Medical Society in West Virginia.—"As a means of elevating the standard of Practical Medicine and Surgery in West Virginia, and to render quackery odious as it deserves," a number of the most respectable physicians of the State have issued a call for a convention to assemble at Fairmount, W. V., on the 10th day of April, with the view to the formation of a State Medical Society. "The call is urged upon all members of the regular profession, and their presence in the proposed convention is earnestly solicited. A full attendance is desired, not only on account of the interest connected with the organization of the State Society, but also because the American Medical Association will meet in Cincinnati early in May, and the profession of this State should be represented in it, in accordance with the expressed desire of the Association."

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Remarkable Rain Fall.—Dr. Alden H. Steel, Assist. Surg. U. S. A., in a letter dated Fort Stevens, Oregon, Jan. 28, 1867, states that "more rain probably falls at this post. than at any other place in the United States; the amount for the year 1866 being 7 feet $3\frac{13}{100}$ inches."

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Deaths from Chloroform.—Dr. C. R. Parke, of Bloomington, Ill., reports (*Chicago Medical Examiner*, Jan. 1867) a case of a lady, 20 years of age, apparently in good health, who suddenly expired after inhaling about a drachm of chloroform, given to induce anæsthesia, for the relief of pain in the extraction of teeth.

Three days previously she had inhaled chloroform and had had six molar teeth extracted without any deleterious effects.

Another case of death by chloroform took place recently, it is stated in the *Medical Record* (March 1, 1867), on the occasion of the performance of a rhinoplastic operation by Prof. Hamilton. The patient was a robust Irish woman. The chloroform was chemically pure, the usual care was taken in its administration, and every means which science could suggest were employed to ward off the fatal result without effect.

A death from chloroform is also stated to have very recently taken place at the Hospital in Toronto, Canada. The victim was a man to whom chloroform was administered preparatory for the ligation of the external iliac artery.

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Obituary Record.—We are pained to hear of the death of Dr. Henry Bryant, of this city, which took place at Porto Rico

on the 1st inst. Dr. Bryant was passing the winter in the West Indies in the pursuit of health and in the collection of objects of Natural History. He was an enthusiastic ornithologist, and to his liberality the Boston Society of Natural History is indebted for the recent donation of the magnificent La Fresnaye collection of birds.—*Boston Med. and Surg. Journ.*, Feb. 21, 1867.

——, at Sing Sing, N. Y., in the 64th year of his age, HORACE GREEN, M. D., formerly of the city of New York, and author of several works on the Diseases of the Air-Passages.

FOREIGN INTELLIGENCE.

Death from Chloroform.—It is stated in the *Lancet* of March 2, 1867, that a stableman died under the influence of chloroform at the St. Mary's Hospital last week. It was administered to facilitate the reduction of a dislocated thumb.

Sequelæ of Surgical Operations.—M. MAISONNEUVE thinks that of every hundred patients who die after surgical operations at least *ninety-five* are poisoned. This he explains by showing that in most cases of the kind referred to, certain morbid products, the result of the operation, are developed either in the blood or on the surface of the body, and make their way into the system. He formulates his remarks thus: (1) The blood and other animal fluids, when exposed freely to the air, or in contact with aqueous substances, soon lose their vitality. (2) Once dead, they are liable to putrefy under the influence of heat, moisture, and air. (3) The products of such putrefaction are highly poisonous. (4) It is the same with such secretions as the urine, bile, and intestinal juices. (5) In infiltrating the permeable tissues with which they are in contact, these poisoned liquids give rise to gangrene, erysipelas, &c. (6) These same liquids, either by themselves or mixed with the special products of inflammation they provoke, can, in entering the circulation, alter the blood and disturb important functions. (7) After their expulsion from the general bloodvessels they may remain in the capillaries, the parenchymata, serous tissue, &c., and give rise to abscess, anthrax, &c. (8) The entirety of the disturbances constitutes surgical fevers. To prevent these terrible consequences of operation, M. Maisonneuve suggests the adoption of the subcutaneous method, and the employment of all means of preventing putrefactive processes.—*Lancet*, March 2, 1867.

The Gastric Juice.—The principal part of a lecture on digestion in the stomach, by M. Vulpian, at the Musée d'Histoire Naturelle, Paris, was devoted to the gastric juice, in which he referred to the results of the most recent physiological investigations. According to Lehmann, the amount of gastric juice secreted in twenty years by the dog is equal to the tenth of the weight of the whole body; according to M. Lucien Corvisart, the proportion is 50 to 60 grammes per kilogramme. In man, MM. Bidder, in their first experiments, rated this quantity at 100 grammes per kilogramme of the weight of the body, which would give about 6 kilogrammes in twenty-four hours. M. Schmidt, by recent observations made on the gastric juice of a woman having a gastric fistula, calculated that 580 grammes were secreted in an hour, which would give 14 kilogrammes a day, being about one-fourth of the weight of the body. Chemists are not yet perfectly agreed as to the results of the analyses of the gastric juice. The following is given by M. Schmidt as the result of nine analyses of the gastric juice of the dog obtained as pure as possible: 1000 parts contained—water, 973 062; organic matter, 17 127; free hydrochloric acid, 3 030; chloride of potassium, 1.125; chloride of sodium, 2.507; chloride of calcium, 0.624; chlorhydrate of ammonia, 0.468; phosphate of lime, 1.729; phosphate of magnesia, 0.226; phosphate of iron, 0.082. The gastric juice is a nearly colourless limpid fluid, with an acid, saltish taste. According to M. Vulpian, it is permanently acid, in different degrees, a fact established by the experiments of Leuret, Lassaigne, Tiedemann, and Gmelin.—*Med. Times and Gas.*, Nov. 10, 1866, from *Rev. des Cours Scientif.* Nov. 3.

Starch Granules in the Yelk of Egg.—M. DARESTE announces that he has discovered starch-granules in the yelk of the hen-egg. The starch-granules form a nearly continuous layer in the interior of the globules of the yelk. This layer, which is decidedly spherical, surrounds a drop of oily matter which occupies the centre of the globule, and is surrounded by a layer of nitrogenous matter. The situation of the

amyloid layer in the interior of the yelk-globules renders its examination extremely difficult, for the nitrogenous, starchy, and oily layers are all affected differently by reagents; thus, iodine colours the azotized layer yellow, the starch blue, and the oil red. M Dareste recommends those anxious to examine the starch-granules of the egg to use hard-boiled eggs in preparing their microscopic specimens.—*Lancet*, March 2. 1867.

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Whole Meal Bread.—It is well known to chemists and physiologists that the extremely finely bolted and white flour, which is now so much sought after, is far less nutritious than what is termed middlings, or unbolted flour, the most nutritious ingredients of the grain—the wheat phosphates and gluten—being removed to obtain the desired whiteness. Dr. HENRY MCCORMAC, of Belfast, in a communication to the *London Pharmaceutical Journal* (July, 1866) makes some interesting remarks on this subject, and observes: "What I want to see everywhere, is the preparation of whole meal bread—bread including the bran, with the bran gluten and the bran phosphates, so all essential to good bread and the nurture of our flesh and bones. But I do not think that the working classes, to whom it is so very important, will ever take to it fully until set the example by the more instructed classes."

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Prevention of Accidents from Fire-damp.—M. SOMMET, a pupil of M. Wurtz, on account of the accidents which unfortunately too frequently happen in coal-mines subject to fire damp, proposes to the Academy of Sciences, Paris, to introduce into all the drifts electrical conducting wires, so that, on several points, during the absence of the men, the inflammable gases may be set on fire by interrupting the electrical circuit. By this means, he said, the numerous deaths might be avoided, which during the last month have brought desolation into the families of the colliers and the neighbourhood.—*Brit. Med. Journ.*, Feb. 9, 1867.

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Faculty of Medicine of Paris.—The newly-appointed professors are as follows: M. Laségue, Prof. of Pathology and General Therapeutics; M. Vulpian, Professor of Pathological Anatomy; M. Sée, Professor of Therapeutics and Materia Medica; M. Broca, Professor of External Pathology; M. Axenfield and M. Hardy, Professors of Internal Pathology.

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Smallpox in London.—At the annual meeting of the governors of the Smallpox Hospital, it appeared from the report of the medical officers, that a much larger number of patients had been admitted during the year 1866 than in any other year since the foundation of the hospital, in 1746, and the excess was looked upon as enormous. The excess of admissions in the last year over either of the three preceding years had been essentially due to the persistence of epidemic causes. The numbers admitted during the year 1866 were 2 069, being an excess of 25 per cent. over 1863, the year of largest admissions prior to last year. This was a ratio out of all proportion to the extension of the metropolis and the augmentation of the population. The smallpox epidemic which was now prevailing, without any sign of cessation, had really commenced in London so far back as 1862, and had continued with varying degrees of intensity up to the present time. The numbers admitted in 1863 were 1,537; in 1864, 836; in 1865 they were 1,249, and last year, as before stated, 2,069. Of 2,037 of the last mentioned number, 425 occurred to persons who had not been vaccinated, and three of the cases were to persons who had before suffered. In the course of the year there had been 271 deaths, 152 of which were of persons who had not been vaccinated, so that 35.7 of the unvaccinated died as against a percentage of 7 2 (117 out of 1,605) in the vaccinated persons, or, deducting 10 deaths in this class from antecedent or superadded disease, the percentage of this class was only 6.7. In the year, 388 persons had been vaccinated at the hospital, and 580 charges of lymph supplied to members of the medical profession.—*Brit. Med. Journ.*, Feb. 9, 1867.

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Sanitary Condition of London.—Dr. Letheby's annual report shows that the sanitary condition of every district of the city has been greatly improved during the last ten years, the average death-rate having been reduced to the extent of about eleven per cent.; and, secondly, that the aggregate mortality in the city (22.2) is much less than the common death-rate of the metropolis and the large towns of England (24.3). It

stands, indeed, exactly at the average proportion (22.2) for the whole of England during the last ten years. It is less than the proportion in England (23.4) for the year which has just expired; and for almost everywhere the death-rate has been excessive. In London it has risen from 24.0 per 1000 to 26.2, and in the chief towns in England from 24.3 to 26.7; but here, notwithstanding the existence of cholera, the death-rate has improved from an average of 24.8 to 22.2 per 1000 of the population. In the western district of the city the death-rate still stands at a high proportion; but even there the mortality is being gradually reduced, for in ten years it has declined from an average of 28.2 per 1000 to 26.8.—*Brit. Med. Journ.*, Feb. 9, 1867.

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London Dwellings for the Poor.—The poor of London, for the most part, live in single rooms of six, eight, or ten-roomed houses, constructed for the accommodation of one family. There is one water-tank, one dust-bin, one coal cellar, and one closet for four, six, or eight families. All water for the use of those on the upper floors has to be carried up and down between the basement and the dwelling; consequently very little water is used. Staircases, yards, and passages, are left to take care of themselves. The privies, often in the dark, sometimes under the stairs, are left to get so dirty that the inmates cannot use them in the proper way, so that soil accumulates on the seat or the floor. What is wanted is, that every family should have their own water-closet and water-supply, their own coal-cellar and shoot for the dust-hole. The model dwellings are but few, and, for the most part, too dear for the poor. The new houses that are built are, many of them, worse than the old ones, except that they are not allowed to be placed back to back, and the roads are wider. But they are only adapted for single families; their foundations are bad; the drainage is often bad, because not inspected while the house is building; the bricks are of indifferent quality, being excessively porous; and the walls so thin, that the houses are damp, cold, and unhealthy. Houses are often built on the site of excavations which have been filled up by road-drift and slush. In many other cases the flooring and joists rest upon the soil, which is generally of clay.—*Brit. Med. Journ.*, Feb. 2d, 1867.

Homœopathists v. *Homœopathy.*—From a recent discussion which took place at the Société Médicale Homéopathique de France, it would seem that some of the leading homœopathists are abandoning not only the practice of infinitesimal doses (which, indeed, they have pretty generally done long since), but even their theoretical defence. M. Curie, son to the well-known homœopathist of that name, having made the declaration in the Society that for his part he did not believe in the action of infinitesimal doses—or, at the very least, had his doubts respecting them—M. Léon Simon asked, in some dismay, "What, then, is to become of homœopathic tradition? Are we to burn the books of our predecessors, and close our pharmacies? Are we to admit that we have been hitherto either charlatans or dupes! This is no question of mere doctrine, but one of fact, for we cannot have been following an erroneous course for sixty years without exhibiting complicity or stupidity." "Not so," replies M. Curie, "I can very well imagine the properties which may be developed in medicinal agents by infinitesimizing their division, but practically I have not met with them, and I attribute the good which results from their employment to the prevention of the perturbating action of allopathic procedures and leaving nature to her unimpeded action. What proof have you that your doses have effected cures, in the utter absence there is of all means of exact clinical comparison in the cases under your treatment?" M. Cretin observed that M. Curie did not deny the virtue of these infinitesimal doses, but remained under the influence of scientific doubt, ready to give way to conviction on the production of exact facts. For his own part, if, while accepting the law of *similia similibus*, he is to be expected to embrace all the contradictory opinions of Hahnemann and his followers, he must decline continuing to be a member of the Society. M. Jousset observed that, in fact, homœopathy has entered on a new phase, the phase of friendly criticism. "In fact, if we look at our Materia Medica, we find a diffused heap of numberless symptoms, which are frequently contradictory or puerile, while the clinical facts that have been published in numerous instances are utterly destitute of the basis derived from diagnosis, and exhibit the grossest ignorance. The com-

parison of the symptoms derived from the Materia Medica and from poisonous substances is sufficient, however, to convince us that Hahnemann's observations are based on truth; while many clinical observations are due to skilful and honourable men. Then, again, our own daily practice convinces us, however difficult it may be to convey that conviction to others, that the success following the employment of infinitesimal doses cannot be explained as mere coincidences." M. Cretin commented on the disreputable character of much of homœopathic literature, and on the impossibility of getting the curative agencies so abundantly boasted of in books demonstrated in practice.—*Med. Times and Gaz.*, March 2, 1867.

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Chignons and their Resulting Evils.—A desperate struggle is being made by those who have considerable self interest at stake to stifle the truth in regard to the ill effects of certain artificial practices of adornment which are supposed to enhance the conventional beauty of the fair sex. There are still greater risks to be apprehended than those we have already pointed out in the use of artificial hair. The fact that a very large amount is originally studded over with the egg-bags of the common pediculus is one of the best evidences that the individuals from whom the hair has been obtained were strangers to habits of cleanliness. In much of the hair that comes into the English market, especially that of a lighter shade, the distal half of the shaft is dotted over with what are generally regarded as "nits." These are of two kinds: the one attached laterally—ova remains; and a second form which, surrounding the hair, is difficult to detach (more difficult than the true "nits"), and may be found on hair that has been prepared and cleansed for sale. The latter is nothing more nor less than a collection of vegetable sporules or cells similar to those which are found in the various forms of ringworm. They are not destroyed by many of the processes to which the hair is subjected in its preparation; and there can be no doubt that, when placed upon a favourable soil, they would speedily grow and produce serious disease. Fortunately the scalp of adults does not form a favourable *nidus* for these parasitic germs, but in some instances of scurfy disease of the scalp there is reason to think they are the true cause of mischief. In the case of the young it cannot be doubted that ringworm would be produced by their growth; and the fact is certain that many ladies carry about with them in their "chignons" the seeds of the "ringworm"—an intractable malady. There is also a novel species of false hair in the market; it is called "churchyard hair," and consists not only of the shafts but the roots also, and hence must have been pulled from the scalp of the dead!—a horrible idea, and one that should certainly make ladies revolt against the present absurd and uncleanly fashion.—*Lancet*, March 2, 1867.

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Coining Blood into Drachmas.—In the recently issued volume of *St George's Hospital Reports*, it is mentioned "as a striking contrast to modern practice," that Sir Cæsar Hawkins, surgeon to that hospital from 1735 to 1774, and sergeant-surgeon to King George III., is reported to have made £2000 per annum by bleeding alone.—*Brit. Med Journ.* Jan. 19, 1867.

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Royal College of Surgeons of Ireland.—Dr. MAPOTHER has been elected Professor of Anatomy and Physiology in this school, to fill the vacancy made by the resignation of Dr. Arthur Jacob.

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OBITUARY RECORD.—Died, in Edinburgh, Feb. 1, 1867, of typhoid fever, EDMUND SCORESBY JACKSON, M. D., aged 32. Dr. J. was extra Academical Lecturer on Materia Medica and Therapeutics in the College of Surgeons and the author of an excellent "Notebook on Materia Medica, Pharmacology, and Therapeutics," as well as of some admirable papers published in the *Edinburgh Medical Journal*, among others one on Aphasia.

——, at Brighton, Jan. 31, 1867, in the 57th year of his age, ALEXANDER J. SUTHERLAND, eminent for his acquaintance with mental diseases.

——, in London, Jan. 17, 1867, of disease of the kidneys, WILLIAM BRINTON, M. D., in the 44th year of his age; author of a well known work on Diseases of the Stomach, and an eminent practitioner.

DUNGLISON'S MEDICAL DICTIONARY.

MEDICAL LEXICON; A DICTIONARY OF MEDICAL SCIENCE: Containing a concise explanation of the various Subjects and Terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, and Dentistry. Notices of Climate and of Mineral Waters; Formulæ for Officinal, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes; so as to constitute a French as well as English Medical Lexicon. By ROBLEY DUNGLISON, M. D., Professor of Institutes of Medicine in Jefferson Medical College, Philadelphia, &c. Thoroughly Revised, and very greatly Modified and Augmented. In one very large and handsome royal octavo volume of 1048 double-columned pages, in small type; strongly done up in extra cloth, $6; leather, raised bands, $6 75.

The object of the author from the outset has not been to make the work a mere lexicon or dictionary of terms, but to afford, under each, a condensed view of its various medical relations, and thus to render the work an epitome of the existing condition of medical science. Starting with this view, the immense demand which has existed for the work has enabled him, in repeated revisions, to augment its completeness and usefulness, until at length it has attained the position of a recognised and standard authority wherever the language is spoken. The mechanical execution of this edition will be found greatly superior to that of previous impressions. By enlarging the size of the volume to a royal octavo, and by the employment of a small but clear type, on extra fine paper, the additions have been incorporated without materially increasing the bulk of the volume, and the matter of two or three ordinary octavos has been compressed into the space of one not unhandy for consultation and reference.

It would be a work of supererogation to bestow a word of praise upon this Lexicon. We can only wonder at the labor expended, for whenever we refer to its pages for information we are seldom disappointed in finding all we desire, whether it be in accentuation, etymology, or definition of terms.—*New York Med. Journal*, Nov. 1865.

It would be mere waste of words in us to express our admiration of a work which is so universally and deservedly appreciated. The most admirable work of its kind in the English language. As a book of reference it is invaluable to the medical practitioner, and in every instance that we have turned over its pages for information we have been charmed by the clearness of language and the accuracy of detail with which each abounds. We can most cordially and confidently commend it to our readers.—*Glasgow Med. Journ.*, Jan. 1866.

A work to which there is no equal in the English language.—*Edinburgh Medical Journal.*

It is something more than a dictionary, and something less than an encyclopædia. This edition of the well-known work is a great improvement on its predecessors. The book is one of the very few of which it may be said with truth that every medical man should possess it.—*London Medical Times.* Aug. 26, 1865.

Few works of the class exhibit a grander monument of patient research and of scientific lore. The extent of the sale of this lexicon is sufficient to testify to its usefulness, and to the great service conferred by Dr. Robley Dunglison on the profession, and indeed on others, by its issue.—*London Lancet*, May 13, 1865.

The old edition, which is now superseded by the new, has been universally looked upon by the medical profession as a work of immense research and great value. The new has increased usefulness; for medicine, in all its branches, has been making such progress that many new terms and subjects have recently been introduced; all of which may be found fully defined in the present edition. We know of no other dictionary in the English language that can bear a comparison with it in point of completeness of subjects and accuracy of statement.—*N. Y. Druggists' Circular*, 1865.

For many years Dunglison's Dictionary has been the standard book of reference with most practitioners in this country, and we can certainly commend this work to the renewed confidence and regard of our readers.—*Cincinnati Lancet*, April, 1865.

It is undoubtedly the most complete and useful medical dictionary hitherto published in this country.—*Chicago Med. Examiner*, Feb. 1865.

What we take to be decidedly the best medical dictionary in the English language. The present edition is brought fully up to the advanced state of science. For many a long year "Dunglison" has been at our elbow, a constant companion and friend, and we greet him in his replenished and improved form with especial satisfaction.—*Pacific Med. and Surg. Journal*, June 27, 1865.

This is, perhaps, the book of all others which the physician or surgeon should have on his shelves. It is more needed at the present day than a few years back.—*Canada Med Journal*, July, 1865.

It deservedly stands at the head, and cannot be surpassed in excellence.—*Buffalo Med. and Surg. Journal*, April, 1865.

We can sincerely commend Dr. Dunglison's work as most thorough, scientific, and accurate. We have tested it by searching its pages for new terms, which have abounded so much of late in medical nomenclature, and our search has been successful in every instance. We have been particularly struck with the fulness of the synonymy and the accuracy of the derivation of words. It is as necessary a work to every enlightened physician as Worcester's English Dictionary is to every one who would keep up his knowledge of the English tongue to the standard of the present day. It is, to our mind, the most complete work of the kind with which we are acquainted.—*Boston Med and Surg. Journal*, June 22, 1865.

We are free to confess that we know of no medical dictionary more complete; no one better, if so well adapted for the use of the student; no one that may be consulted with more satisfaction by the medical practitioner.—*Am. Journ. Med. Sciences* April, 1865.

The value of the present edition has been greatly enhanced by the introduction of new subjects and terms, and a more complete etymology and accentuation, which renders the work not only satisfactory and desirable, but indispensable to the physician.—*Chicago Med. Journal*, April, 1865.

No intelligent member of the profession can or will be without it.—*St. Louis Med. and Surgical Journal* April, 1865.

It has the rare merit that it certainly has no rival in the English language for accuracy and extent of references.—*London Medical Gazette.*

HENRY C. LEA, Philadelphia.